

EMPLOYMENT APPLICATION

Name _____ Home/Cell Phone Number _____

Present Address _____

Previous Address _____

Position applied for _____ Date Available _____

Are you applying for: Full time Part time Temporary Salary Desired _____

Are you willing to work	Yes	No
Overtime (over 40 hrs/week)	_____	_____
Rotating Shifts	_____	_____
Evenings	_____	_____
Weekends	_____	_____

List any special skills you may have or any foreign languages you speak: _____

How were you referred to our organization? _____

Do you have any relative working in this organization? (please name) _____

Have you ever been employed by this organization? (when?) _____

Are you willing to provide necessary documentation to establish your identity and your authorization to work in the United States under current state and/or federal law? _____yes _____no

Since reaching age 18 have you ever been convicted of any crime? (Note: You are not required to disclose a sealed criminal record. Convictions will not necessarily bar you from employment, but are reviewed as related to the job.) Yes No

If yes, please explain: _____

EDUCATION

School: Name and Address		Course of Study	Circle last year completed	Did you graduate?	Diploma/Degree
High School	_____		1 2 3 4	YES	
	_____			NO	
College	_____		1 2 3 4	YES	
	_____			NO	
College	_____		1 2 3 4	YES	
	_____			NO	
Business/ Technical/ Professional	_____		1 2 3 4	YES	
	_____			NO	

PROFESSIONAL LICENSES/CERTIFICATIONS

Type	State	Expiration	Registration Number

REMARKS: Make any comments you feel are pertinent to your application:

I authorize you, at the time of my application for employment or during the course of my employment, to obtain information from any source as to my education, experience, competence, character or medical history, as it relates to the position for which I applied or in which I may be employed unless otherwise stated. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. I agree that all statements made in this application may be investigated. I also understand that I may be required to successfully complete a medical exam for initial and continued employment. I further understand that in the event I am employed, such employment is "at will". Neither I nor the employer have agreed on any specific period of employment nor any specific pay or benefits unless otherwise set forth in separate contact.

Date _____ Signature _____

CONTINUE TO NEXT PAGE

PREVIOUS EXPERIENCE – begin with most recent employment

EMPLOYER _____
 Address _____
 Phone Number _____ Date of Employment From _____ to _____
 Job Title _____ Immediate Supervisor _____
 Ending wage _____ (hourly, monthly, yearly)
 Responsibilities _____

 Reason for leaving _____

EMPLOYER _____
 Address _____
 Phone Number _____ Date of Employment From _____ to _____
 Job Title _____ Immediate Supervisor _____
 Ending wage _____ (hourly, monthly, yearly)
 Responsibilities _____

 Reason for leaving _____

EMPLOYER _____
 Address _____
 Phone Number _____ Date of Employment From _____ to _____
 Job Title _____ Immediate Supervisor _____
 Ending wage _____ (hourly, monthly, yearly)
 Responsibilities _____

 Reason for leaving _____

REFERENCES

May we contact the employers listed above?	yes	no	
Has notice been given to current employer?	Yes	no	
What other names have you been employed under?			
Please list references (not relatives or employers) to contact who are acquainted with your work history.			
Name	Title/Occupation	Company/Address	Telephone

LINCOLN PEDIATRIC GROUP
APPLICANT REFERENCE CHECK AUTHORIZATION FORM

I, _____,
(PRINT YOUR NAME)

hereby give consent to any and all previous employers of mine to provide information with regard to my employment with previous employers to Lincoln Pediatric Group.

(your signature) _____
(today's date)

****This authorization form expires 6 months after the date it is signed****